



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

AF/1647
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Applicant(s): Jan E. Schnitzer and Philip Oh

Serial No.: 09/208,195

Group Art Unit: 1644

Filed: December 9, 1998

Examiner: P. Nolan

For: IMMUNOISOLATION OF CAVEOLAE

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>April 3, 2001</u>	<u>Christina M. McSweeney</u>
Date	Signature
<u>Christina M. McSweeney</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated January 2, 2001 of the Primary Examiner finally rejecting claims 1-7, 11, 13-15 and 19-20. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated January 2, 2001 for one month from April 2, 2001 to May 2, 2001.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

04/09/2001 SSESHE1 00000035 09208195

01 FC:219 155.00 OP
02 FC:215 55.00 OP

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for One month		\$ 55.00
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	
	Less fee paid ([] mo.)	- \$	
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 155.00
<input type="checkbox"/>	Other		\$
		TOTAL	\$ 210

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$210.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Doreen M. Hagler Reg. No. 36,361 for
Elizabeth W. Mata
Registration No.: 38,236
Tel.: (781) 861-6240
Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: April 3, 2001